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**Assessment Appeals Form**

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| **Name** |  |
| **Family Name** |  |
| **Student Id** |  |
| **Address** |  |
| **Email:** |  |
| **Course code and Name** |  |
| **Educator** |  |
| Please identify in the table below the units of competency that are the subject of your appeal: |
| **Unit Code(s)** | **Unit Title(s)** | **Date Assessed** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Assessor Name:** |  |
| Grounds for appeal:(Please detail the grounds for your appeal in the space provided below and ensure that you describe the alleged mistakes or faults in the assessment process) |
| **Student Signature** |  | **Date** |  |

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| **Office use only** |
| **Detailed action taken:** |
| **Continuous improvement Record (CIR) made 🞎 yes 🞎 No** |
| **Date CIR raised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allocated CIR number: \_\_\_\_\_\_** |
| **Signature:** |